

2002

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90073 022 \*\*\*\*61.25

DOCUMENT # 711875

1. Entity Name

CLAY COUNTY SHERIFF'S RESERVES, INC.

DO NOT WRITE IN THIS SPACE

420379

2. Principal Place of Business

901 North Orange Ave

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 548

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Green Cove Springs, FL

City &amp; State

Green Cove Springs, FL

4. FEI Number

59-6000555

Applied For

Not Applicable

Zip

32043

Country

Clay

Zip

32043

Country

Clay

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

SCOTT L. LANCASTER

Street Address (P.O. Box Number is Not Acceptable)

901 NORTH ORANGE AVENUE

City

GREEN COVE SPRINGS

FL

Zip Code  
32043

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANCASTER, SCOTT
STREET ADDRESS	901 NORTH ORANGE AVENUE
CITY- ST- ZIP	GREEN COVE SPRINGS, FL 32043

TITLE	D
NAME	COWAN, MARK
STREET ADDRESS	901 NORTH ORANGE AVENUE
CITY- ST- ZIP	GREEN COVE SPRINGS, FL 32043

TITLE	TD
NAME	ALMEIDA, SANDY
STREET ADDRESS	901 NORTH ORANGE AVENUE
CITY- ST- ZIP	GREEN COVE SPRINGS, FL 32043

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CITY- ST- ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

Date

904 278-3888

Daytime Phone #

CR2E037B (12/01)